

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 936979 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4						
5	2		4			
6	2		4			
7	2		4			
8	2		4			
9	2		4			
10	1		1			
11	2		1			
12						
13	2		1			
14	2		1			
15	2		1			
16	2		1			
17	2		1			
18	2		1			
19	2		1			
20	1		1			
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			70			
TOTAL CLAIMS			73			

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			